

EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box seal is broken for ballot transport~

At Location

Election Type: General Election

Election Date: 11/08/2022

Name of Location: ALTRAIN MEDICAL & DENTAL ASSISTING ACADEMY #15728 Arrival Time: 1:55

Were there ballots to be picked up? ☒ YES <If YES, complete lines 1-7 ☐ NO <If NO, complete lines 1-7

Spoils picked up? ☒ YES ☐ NONE Completed Forms picked up? ☐ YES ☒ NONE

1) Blue Drop Box Seals # NO SEALS & NO SEALS <Indicate the seal numbers that were taken off on blue drop box

2) Blue Drop Box Seals # IS22019045 & IS22019046 <Indicate the seal numbers that were placed on blue drop box

3) Red Box Seals # IS22019043 & IS22019044 <Indicate the seal numbers that were placed on ballot transport box

4) Ballot Box Sealed/Checked on (Date) 10/28/22 (Time) 2:01 <Date and time box was sealed/checked

5) Location Staff Member (Signature) Cristine Boelter

6) Transport Staff Member (Signature) Cathy Miller

7) Transport Staff Member (Signature) [Signature]

Departure Time: 2:03

Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

Receiving Agent (Signature) [Signature] Date/Time: 10/28/22 4:18

Sign to acknowledge receipt from Transport Staff Member

Date of Audit Match

Ballot Box Seals # IS22019044 & IS22019043 <If applicable, verify the seal numbers on the box match the above from location

Blue Drop Box Seals # NONE & NONE <Indicate the seal numbers that were broken from blue drop box

Count of Ballots in Transport Bin # 59

Audit Agent (Signature) [Signature] Date/Time: 10/28/22 4:18

Sign to affirm seal #'s match or that no ballots were to be picked up

Date of Audit Match

